AMENDED IN SENATE MAY 24, 2004 AMENDED IN SENATE APRIL 27, 2004 AMENDED IN SENATE APRIL 12, 2004 AMENDED IN SENATE MARCH 22, 2004

SENATE BILL

No. 1644

Introduced by Senator Romero (Principal coauthors: Senators Escutia and Kuehl) (Coauthor: Senator Machado)

(Coauthors: Assembly Members Laird and Pavley)

February 20, 2004

An act to add Section 102800.1 to the Health and Safety Code, and to amend Sections 15630 and 15631 of the Welfare and Institutions Code, relating to long-term health care. An act to add Section 102336 to the Health and Safety Code, and to add Section 11174.85 to the Penal Code, relating to elder death.

## LEGISLATIVE COUNSEL'S DIGEST

- SB 1644, as amended, Romero. Long-term health care: deaths of residents: reporting requirements Elder death review teams: access to vital record information.
- (1) Existing law requires each death to be registered with the local registrar of births and deaths in the district in which the death was officially pronounced or the body was found. Existing law prescribes the contents of the certificate of death, including medical and health section data, as well as personal data and other information necessary to establish the fact of the death. Under existing law, the attending physician is required to complete the medical and health section data

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within 15 hours after the death, and to deposit the certificate at the place of death or deliver it to the attending funeral director, who is then required to obtain the required information, other than medical and health section data, from the person or source best qualified to supply this information. Under existing law, the refusal or failure to furnish correctly any information that is required for the certificate of death, or the furnishing of false information, by a person who is responsible for supplying that information is a misdemeanor.

This bill would require, whenever a resident in a long-term health care facility, as defined, is known or suspected to have died, that the facility notify the attending physician and surgeon or his or her designated medical professional, and that the physician and surgeon or designated medical professional complete the medical and health data section of the certificate of death, as well as the name of the resident, the name and address of the facility, and the date and time of death. The bill would require the physician and surgeon or designated medical professional to deposit a copy of the certificate of death at the office of the local coroner or medical examiner within 15 hours of the death or discovery of the death. The bill would require the coroner or medical examiner to acknowledge receipt of the certificate.

This bill would provide that the failure of a physician or designated medical professional to comply with the bill may result in the imposition of a civil penalty. In addition, by expanding the definition of an existing crime, this bill would impose a state-mandated local program.

(2) The Elder Abuse and Dependent Adult Civil Protection Act defines mandated reporters and establishes various procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. The act requires a mandated reporter, as defined, to report known or suspected physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of elder or dependent adults in long-term health care facilities.

This bill, in addition, would require a mandated reporter, with the exception of the State Department of Health Services, to report to the county coroner or medical examiner a death of a resident of a long-term health care facility if the resident was the subject of a report described above and would require the medical examiner or coroner to acknowledge receipt of the report.

This bill would also authorize persons who are not mandated reporters to report to the county medical examiner or coroner instances

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of abuse and death of residents in long-term health care facilities, and would require the medical examiner or coroner to acknowledge receipt of the report.

By increasing the duties of county medical examiners and coroners, and by expanding the scope of an existing crime, this bill would impose a state-mandated local program.

(3) This bill would also impose a state-mandated local program by requiring the coroner or medical examiner to compile, on a quarterly basis, aggregate information required by the bill concerning the number of deaths and the names of the facilities in which the deaths occurred, and to make the aggregate information available to the public upon request.

## (4) The

Existing law requires each death to be registered with the local registrar of births and deaths in the district in which the death was officially pronounced or the body was found. Under existing law, a local registrar, deputy registrar, or subregistrar, who fails, neglects, or refuses to perform his or her duty as required by the existing law relating to the creation and maintenance of vital records, including certificates of death, is guilty of a misdemeanor.

Existing law requires the State Department of Health Services to implement an Internet-based electronic death registration system on or before January 1, 2005. Existing law authorizes each county to establish an interagency elder death team to assist local agencies in identifying and reviewing suspicious elder deaths. Under existing law, an oral or written communication or a document shared within or produced by an elder death review team, as well as certain communications and documents of a 3rd party provided to an elder death review team, is confidential. Existing law provides that the disclosure of information relevant to the work of an elder death review team by any individual or agency is intended to be voluntary.

This bill would require the local registrar of births and deaths, upon the request of a member of a county elder death review team, to make available and assist the electronic transfer of information from a death certificate to the county elder death review team, in accordance with the statewide Internet-based death registration system, in any county that has access to the statewide system. The bill would authorize an organization represented on an elder death review team to request and obtain copies of death certificates, subject to existing law confidentiality and disclosure requirements. By imposing this

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requirement on local registrars of births and deaths, and by expanding the definition of an existing crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 102800.1 is added to the Health and

2 SECTION 1. Section 102336 is added to the Health and Safety 3 Code, to read:

102336. Notwithstanding paragraph (2) of subdivision (b) of Section 11174.8 of the Penal Code, upon the request of a member

of a county elder death review team established pursuant to Article 2.7 (commencing with Section 11174.4) of Chapter 2 of Title 1 of

8 Part 4 of the Penal Code, a local registrar of deaths shall make

9 available and assist the electronic transfer of information from a

0 certificate of death to the county elder death review team, in

1 accordance with the Internet-based electronic death registration

system established by the State Department of Health Services pursuant to Section 102778, in any county that has access to the

13 pursuant to Section 102778, in any county that has access to the statewide system.

15 SEC. 2. Section 11174.85 is added to the Penal Code, to read: 16 11174.85. An organization represented on an elder death

review team may request and obtain copies of certificates of death

18 from the local registrar of deaths. Each organization represented

19 on an elder death review team may share with any other member

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of the team any information obtained from a death certificate obtained from the local registrar of deaths. Information received by a member of an elder death review team pursuant to this section shall be subject to the confidentiality and disclosure requirements of Section 11174.8.

## Safety Code, to read:

102800.1. (a) (1) When a resident in a long-term care health facility, as defined in Section 1418, is either known or suspected to have died, the facility shall immediately notify the physician and surgeon last in attendance, or the physician and surgeon's designated medical professional, who shall certify the death in accordance with this chapter. Notwithstanding any other provision of law, in addition to the medical and health section data, the physician and surgeon or designated medical professional shall indicate on the certificate of death the name of the resident, the name and address of the facility, and the date and time of death, as well as any other pertinent identifying information that the local coroner or medical examiner deems appropriate.

- (2) Within 15 hours of the death or discovery of the death, the physician and surgeon or designated medical professional shall deposit a copy of the certificate of death at the office of the local coroner or medical examiner. The coroner or medical examiner to whom the report is made shall provide acknowledgment of receipt of the report to the person who made the report.
- (b) Failure by a physician and surgeon or designated medical professional to comply with this section may result in the imposition of a civil penalty in an amount not less than one hundred dollars (\$100) and not exceeding one thousand dollars (\$1,000) for each failure to comply.
- (c) Notwithstanding any other provision of law, aggregate information derived from the information required to be reported under this section and Section 15630 of the Welfare and Institutions Code concerning the number of deaths and the names of the facilities in which these deaths occurred shall be compiled quarterly by the coroner or medical examiner and made available to the public upon request.
- SEC. 2. Section 15630 of the Welfare and Institutions Code is amended to read:
- 15630. (a) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult,

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whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.

- (b) (1) Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days, as follows:
- (A) If the abuse has occurred in a long-term care facility, except a state mental health hospital or a state developmental center, the report shall be made to the local ombudsman or the local law enforcement agency.

Except in an emergency, the local ombudsman and the local law enforcement agency shall, as soon as practicable, do all of the following:

- (i) Report to the State Department of Health Services any case of known or suspected abuse occurring in a long-term health care facility, as defined in subdivision (a) of Section 1418 of the Health and Safety Code.
- (ii) Report to the State Department of Social Services any case of known or suspected abuse occurring in a residential care facility for the elderly, as defined in Section 1569.2 of the Health and Safety Code, or in an adult day care facility, as defined in paragraph (2) of subdivision (a) of Section 1502.
- (iii) Report to the State Department of Health Services and the California Department of Aging any case of known or suspected abuse occurring in an adult day health care center, as defined in subdivision (b) of Section 1570.7 of the Health and Safety Code.
- (iv) Report to the Bureau of Medi-Cal Fraud and Elder Abuse any case of known or suspected criminal activity.

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(B) If the suspected or alleged abuse occurred in a state mental hospital or a state developmental center, the report shall be made to designated investigators of the State Department of Mental Health or the State Department of Developmental Services, or to the local law enforcement agency.

Except in an emergency, the local law enforcement agency shall, as soon as practicable, report any case of known or suspected eriminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse.

- (C) If the abuse has occurred any place other than one described in subparagraph (A), the report shall be made to the adult protective services agency or the local law enforcement agency.
- (2) (A) A mandated reporter, with the exception of the State Department of Health Services, who is required to report an incident pursuant to paragraph (1) that involves a resident in a long-term health care facility, as defined in Section 1418 of the Health and Safety Code, who makes a report in accordance with subparagraph (B), and the resident who is the subject of the report dies, shall immediately upon the resident's death, or within 24 hours of learning of the death if the mandated reporter is not aware of the death when it occurs, report the death and the incident to the medical examiner or coroner of the county in which the death occurred. The mandated reporter may communicate the report by telephone, facsimile, or electronic mail. The medical examiner or coroner to whom the report is made shall provide acknowledgment of receipt of the report to the mandated reporter who made the report.
- (B) This paragraph shall apply when the mandated reporter has observed or has knowledge of an incident that reasonably appears to be, or is told by an elder or dependent adult that he or she has experienced, behavior, including an act or omission, that constitutes physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or when the mandated reporter reasonably suspects that abuse, and has made a report based on that information.
- (C) Notwithstanding any other provision of law, aggregate information derived from the information required to be reported under this section and Section 102800.1 of the Health and Safety Code concerning the number of deaths and the names of the facilities in which these deaths occurred shall be compiled

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quarterly by the coroner or medical examiner and made available to the public upon request.

- (3) (A) A mandated reporter who is a clergy member who acquires knowledge or reasonable suspicion of elder or dependent adult abuse during a penitential communication is not subject to paragraph (1). For purposes of this subdivision, "penitential communication" means a communication that is intended to be in confidence, including, but not limited to, a sacramental confession made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization is authorized or accustomed to hear those communications and under the discipline tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.
- (B) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected elder and dependent adult abuse when he or she is acting in the capacity of a care custodian, health practitioner, or employee of an adult protective agency.
- (C) Notwithstanding any other provision in this section, a clergy member who is not regularly employed on either a full-time or part-time basis in a long-term care facility or does not have care or custody of an elder or dependent adult shall not be responsible for reporting abuse or neglect that is not reasonably observable or discernible to a reasonably prudent person having no specialized training or experience in elder or dependent care.
- (4) (A) A mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report, pursuant to paragraph (1), an incident where all of the following conditions exist:
- (i) The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect.
- (ii) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.

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(iii) The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.

- (iv) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.
- (B) This paragraph shall not be construed to impose upon mandated reporters a duty to investigate a known or suspected incident of abuse and shall not be construed to lessen or restrict any existing duty of mandated reporters.
- (5) (A) In a long-term care facility, a mandated reporter shall not be required to report as a suspected incident of abuse, as defined in Section 15610.07, an incident where all of the following conditions exist:
- (i) The mandated reporter is aware that there is a proper plan of care.
- (ii) The mandated reporter is aware that the plan of care was properly provided or executed.
- (iii) A physical, mental, or medical injury occurred as a result of care provided pursuant to clause (i) or (ii).
- (iv) The mandated reporter reasonably believes that the injury was not the result of abuse.
- (B) This paragraph shall not be construed to require a mandated reporter to seek, nor to preclude a mandated reporter from seeking, information regarding a known or suspected incident of abuse prior to reporting. This paragraph shall apply only to those categories of mandated reporters that the State Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and Elder Abuse and the state long-term care ombudsman, have access to plans of care and have the training and experience necessary to determine whether the conditions specified in this section have been met.
- (e) (1) Any mandated reporter who has knowledge, or reasonably suspects, that types of elder or dependent adult abuse for which reports are not mandated have been inflicted upon an elder or dependent adult, or that his or her emotional well-being is endangered in any other way, may report the known or suspected instance of abuse.

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(2) If the suspected or alleged abuse occurred in a long-term care facility other than a state mental health hospital or a state developmental center, the report may be made to the long-term care ombudsman program. Except in an emergency, the local ombudsman shall report any case of known or suspected abuse to the State Department of Health Services and any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse, as soon as is practicable.

- (3) If the suspected or alleged abuse occurred in a state mental health hospital or a state developmental center, the report may be made to the designated investigator of the State Department of Mental Health or the State Department of Developmental Services or to a local law enforcement agency or to the local ombudsman. Except in an emergency, the local ombudsman and the local law enforcement agency shall report any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse, as soon as is practicable.
- (4) If the suspected or alleged abuse occurred in a place other than a place described in paragraph (2) or (3), the report may be made to the county adult protective services agency.
- (5) If the conduct involves criminal activity not covered in subdivision (b), it may be immediately reported to the appropriate law enforcement agency.
- (d) When two or more mandated reporters are present and jointly have knowledge or reasonably suspect that types of abuse of an elder or a dependent adult for which a report is or is not mandated have occurred, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement, and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.
- (e) A telephone report of a known or suspected instance of elder or dependent adult abuse shall include, if known, the name of the person making the report, the name and age of the elder or dependent adult, the present location of the elder or dependent adult, the names and addresses of family members or any other person responsible for the elder or dependent adult's care, the nature and extent of the elder or dependent adult's condition, the date of the incident, and any other information, including

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information that led that person to suspect elder or dependent adult abuse, as requested by the agency receiving the report.

- (f) The reporting duties under this section are individual, and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting, ensure confidentiality, and apprise supervisors and administrators of reports may be established, provided they are not inconsistent with this chapter.
- (g) (1) Whenever this section requires a county adult protective services agency to report to a law enforcement agency, the law enforcement agency shall, immediately upon request, provide a copy of its investigative report concerning the reported matter to that county adult protective services agency.
- (2) Whenever this section requires a law enforcement agency to report to a county adult protective services agency, the county adult protective services agency shall, immediately upon request, provide to that law enforcement agency a copy of its investigative report concerning the reported matter.
- (3) The requirement to disclose investigative reports pursuant to this subdivision shall not include the disclosure of social services records or case files that are confidential, nor shall this subdivision be construed to allow disclosure of any reports or records if the disclosure would be prohibited by any other provision of state or federal law.
- (h) Failure to report physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars (\$1,000), or by both that fine and imprisonment. Any mandated reporter who willfully fails to report physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, where that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both that fine and imprisonment.
- SEC. 3. Section 15631 of the Welfare and Institutions Code is amended to read:

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15631. (a) Any person who is not a mandated reporter under Section 15630, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse may report that abuse to a long-term care ombudsman program or local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility.

- (b) Any person who is not a mandated reporter under Section 15630, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse in any place other than a long-term care facility may report the abuse to the county adult protective services agency or local law enforcement agency.
- (c) (1) Any person who is not a mandated reporter under Section 15630, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse in a long-term health care facility, as defined in Section 1418 of the Health and Safety Code, and knows that the victim has died, may report the abuse and the death to the medical examiner or coroner of the county in which the death occurred. The person may communicate the report by telephone, facsimile, or electronic mail. The medical examiner or coroner to whom the report is made shall provide acknowledgment of receipt of the report to the person who made the report.
- (2) Notwithstanding any other provision of law, aggregate information derived from the information required to be reported under this section and Section 102800.1 of the Health and Safety Code concerning the number of deaths and the names of the facilities in which these deaths occurred shall be compiled quarterly by the coroner or medical examiner and made available to the public upon request.

SEC. 4.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for certain costs that may be incurred by a local agency or school district because in that regard this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty 36 for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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However, notwithstanding Section 17610 of the Government Code, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code. If the statewide cost of the claim for reimbursement does not exceed one million dollars (\$1,000,000), reimbursement shall be made from the State Mandates Claims Fund.